DES	SIGNATION OR REVOCATION OF AUTHORITY	FILING REFERENCE ONLY	
TO:	Chief, Finance Division		
FROM:	Chief, SR Division		
TYPE OF	AUTHORIZATION		ALLOTMENT ACCT. NO. (Payroll
	SR Division Approving Officer	_	effective date 14 May 1963
NAME OF	DESTONEE	Chief,	
OFFICE	DD/P - SR Division	ROOM NO. AND BUILDING	Street 334
SPECIMI	EN SIGNATURE DE DESTIGNÉE (If required)		SPECIMEN IN TALS
REMARKS	S (State whe tion is being		
	Designee is authorized to approve fidirect supervisory jurisdiction, ex	cebr risver.	
DATE	14 May 1963	SIGNATURE OF AUTHORIZ	IS/ plut

FORM NO. 725